

ADRC Notification Form with Provisional Plan of Care

Revised: 01/09/2020

Instructions: ADRC's will use this form to notify KDADS that a person in the KDADS' data management system (KAMIS) is requesting HCBS Waiver (PD, BI, FE) services. The Provisional Plan of Care section 2 must be completed when requesting access to the PD waiver only, via crisis exception. The ADRC will upload this form and supporting documentation to the KAMIS attachment and file upload area (where the LOC outcome and ROI are uploaded). The Provisional Plan of Care will be sent with the 3160 to KDHE.

Section 1: Demographics		Upload Date _____
Person's Name _____		KAMIS ID Number _____
Date of Birth _____		Social Security # _____
Medicaid ID _____		KanCare MCO _____
PSA # _____	Contact Person _____	Contact Phone _____
Complete this section for crisis requests to by-pass the HCBS PD Waiver wait list		
Section 2: Crisis Exception Request		
<input type="checkbox"/> Person is at significant, imminent risk of serious harm to himself/herself or others.		
<input type="checkbox"/> Adult Protective Services or Child Protective Services report of abuse, neglect or exploitation.		
<input type="checkbox"/> Victim of domestic violence.		
<input type="checkbox"/> Imminent risk of nursing facility placement.		
<input type="checkbox"/> Person is in the end stages of terminal illness and life expectancy, documented by a physician, is less than six months from the date of the request.		
Complete this section for HCBS Waiver (PD, BI, FE) services		
Section 3: Provisionally Identified Services		
Assessment Date: _____		
<input type="checkbox"/> Assistive Services (PD & BI)		<input type="checkbox"/> Enhanced Care Services
<input type="checkbox"/> Assistive Technology (FE)		<input type="checkbox"/> Financial Management Services
<input type="checkbox"/> Adult Daycare (FE)		<input type="checkbox"/> Wellness Monitoring (FE)
<input type="checkbox"/> Personal Care Services (agency or self-directed)		<input type="checkbox"/> Home-Delivered Meals (PD & BI)
<input type="checkbox"/> Home Telehealth (FE)		<input type="checkbox"/> Personal Emergency Response System
<input type="checkbox"/> Oral Health Services (FE)		<input type="checkbox"/> Comprehensive Support (FE)
<input type="checkbox"/> Medication Reminder (FE & BI)		<input type="checkbox"/> Nursing Evaluation Visit (FE)
<input type="checkbox"/> Behavior Therapy (BI)		<input type="checkbox"/> Transitional Living Skills (BI)
<input type="checkbox"/> Occupational Therapy (BI)		<input type="checkbox"/> Speech-Language Therapy (BI)
<input type="checkbox"/> Physical Therapy (BI)		<input type="checkbox"/> Cognitive Rehabilitation (BI)